

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 5

through

1 2

3 1

2 0 0 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

0 3

1 3

2 0 0 6

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		313215.30
(b) Cash on Hand at Beginning of Reporting Period	492729.90	
(c) Total Receipts (from Line 19)	53704.04	637320.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	546433.94	950535.52
7. Total Disbursements (from Line 31)	10567.44	414669.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	535866.50	535866.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	49508.75	563715.52
(i) Itemized (use Schedule A)		
(ii) Unitemized	4140.00	68034.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53648.75	631749.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	53648.75	631749.77
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	55.29	5570.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	53704.04	637320.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53704.04	637320.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1437.44	15372.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1437.44	15372.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	396000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1130.00	3296.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1130.00	3296.25
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10567.44	414669.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10567.44	414669.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	53648.75	631749.77
34. Total Contribution Refunds (from Line 28(d))	1130.00	3296.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52518.75	628453.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1437.44	15372.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1437.44	15372.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) R. David Allara Mailing Address Suite 11 310 35th Street Southeast City Charleston State WV Zip Code 25304-1352 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 54437-97034853696824 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address the Focus Center 20 Mule Road City Toms River State NJ Zip Code 08755-5028 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5 Transaction ID: 59006-40040224790573 Amount of Each Receipt this Period 250.00 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) Steven Anderson Mailing Address 6525 Baycliffe Drive City Excelsior State MN Zip Code 55331-7555 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 Transaction ID: 48YCBW684554 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Antoszyk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address Charlotte Eent Assoc; Pa 6035 Fairview Road		Transaction ID: 48YCBW369818	
City Charlotte State NC Zip Code 28210-3256		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00	
B. Full Name (Last, First, Middle Initial) Amir Arbisser		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 777 Tanglefoot Lane		Transaction ID: 3DY8Z4457123	
City Bettendorf State IA Zip Code 52722-1650		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1182.50	
C. Full Name (Last, First, Middle Initial) Amir Arbisser		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 777 Tanglefoot Lane		Transaction ID: 55455-84322756528855	
City Bettendorf State IA Zip Code 52722-1650		Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1182.50	

SUBTOTAL of Receipts This Page (optional)

581.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Lisa Arbisser			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 777 Tanglefoot Lane			Transaction ID: 55455-61793154478073	
City State Zip Code Bettendorf IA 52722-1650			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 2nd of 4	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 547.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
B. Full Name (Last, First, Middle Initial) Priscilla Arnold			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1011 E Montclair Street			Transaction ID: 3DY11S774514	
City State Zip Code Springfield MO 65807-5075			Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
C. Full Name (Last, First, Middle Initial) David Auerbach			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address Eye Physicians of Central Florida; 225 West State Road 434 Suite 111			Transaction ID: 48YAST468346	
City State Zip Code Longwood FL 32750-4980			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 730.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)

656.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Todd Auker Mailing Address Auker Eye Inst 2324 Santa Rita Road Suite 7 City Pleasanton State CA Zip Code 94566-4150 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 5 Transaction ID: 50198-32433718442917 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) C. Blake Avera Mailing Address 1704 11th Street City Wichita Falls State TX Zip Code 76301-5020 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 3DY8Z4932539 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Jeffrey Baumann Mailing Address 17560 W Highway 441 City Mount Dora State FL Zip Code 32757-6711 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5 Transaction ID: 59006-12725466489791 Amount of Each Receipt this Period 125.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

581.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Walter Beebe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue		Transaction ID: 3DY8Z4426683	
City Dallas	State TX	Zip Code 75231-7900	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Daniel Bernstein		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 48YAOK373068	
City Henderson	State NC	Zip Code 27536-2878	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		
C. Full Name (Last, First, Middle Initial) Daniel Bernstein		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 48YIHT116042	
City Henderson	State NC	Zip Code 27536-2878	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC refunded 12.15.05	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Bishop

Mailing Address 4707 Everhart #108

City State Zip Code
 Corpus Christi TX 78411-2751

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 5

Transaction ID: G5L7ZF719834

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Louis Blumenfeld

Mailing Address Suite 111
225 W State Road 434

City State Zip Code
 Longwood FL 32750-4980

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 5 / 2 0 0 5

Transaction ID: 48YAST833605

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. H. Culver Boldt

Mailing Address Department Opth/Univ of Iowa
200 Hawkins Drive

City State Zip Code
 Iowa City IA 52242-1009

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: 48YIHT296584

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Paul Brailsford Mailing Address Suite 303 801 N Tustin Avenue City Santa Ana State CA Zip Code 92705-3612 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: 48YLZR966250 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Beth Bruening Mailing Address 405 W 45th Street City Sioux City State IA Zip Code 51104-1072 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 48YAOK331831 Amount of Each Receipt this Period 2500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Carlos Buznego Mailing Address Suite 400E 8940 N Kendall Drive City Miami State FL Zip Code 33176-2148 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5 Transaction ID: 54437-42620486021042 Amount of Each Receipt this Period 125.00 PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

3625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Cabin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1575 N Barrington Road Suite #120		Transaction ID: 48YN4X632621
City Hoffman Estates	State IL	Zip Code 60194-1062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

B. Full Name (Last, First, Middle Initial) Charles Campbell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address Suite 200 5540 Saratoga Boulevard		Transaction ID: 23N64W2PDY847
City Corpus Christi	State TX	Zip Code 78413-2953
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBU- TION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Donald Cherr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1972 S Clinton Avenue		Transaction ID: G5L7ZF172875
City Rochester	State NY	Zip Code 14618-5620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Thomas Clinch Mailing Address Suite 200 2 Wisconsin Circle City State Zip Code Chevy Chase MD 20815-7003 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 50288-52132815122604 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Bruce Cohen Mailing Address Cohen Eye Associates; Limited 4921 Parkview Place Suite 14F City State Zip Code St. Louis MO 63110-1032 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 48YAST329843 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Dean Conger Mailing Address Eye Crast PLLC 426 Southwest 153rd Street City State Zip Code Seattle WA 98166-2215 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 50288-67014712095261 Amount of Each Receipt this Period 91.25 PAC 4th of 4
SUBTOTAL of Receipts This Page (optional) ▶		482.50
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Thomas Conklin Mailing Address Suite 22 294 E Moana Lane City State Zip Code Reno NV 89502-4641 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 5 Transaction ID: 50288-19692629575729 Amount of Each Receipt this Period 250.00 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Nazareth Darakjian Mailing Address 2595 E Washington Boulevard Suite City State Zip Code Pasadena CA 91107-1409 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5 Transaction ID: 48YDNM504194 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Daniel Day Mailing Address 8401 Golden Valley Road #330 City State Zip Code Golden Valley MN 55427-4488 FEC ID number of contributing federal political committee. C Name of Employer Northwest Eye Clinic; PA Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 48YIHT188978 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Patrick Dennis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 116-B Ashley Avenue		Transaction ID: 59006-83933657407761
City Charleston	State SC	Zip Code 29401-1249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1750.00	

PAC 3rd of 4

B. Full Name (Last, First, Middle Initial) Patrick Dennis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 116-B Ashley Avenue		Transaction ID: 50288-51997011899948
City Charleston	State SC	Zip Code 29401-1249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1750.00	

PAC 2nd of 4

C. Full Name (Last, First, Middle Initial) Gary Dolin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 6060-26th Street West		Transaction ID: 48YCBW193178
City Bradenton	State FL	Zip Code 34207-4401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Stuart Duboff

Mailing Address Advanced Eye Care
322 Dewey Street

City State Zip Code
Bennington VT 05201-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 3DY8Z4774232

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Robert Erickson

Mailing Address Suite 201
800 S Adams Road

City State Zip Code
Birmingham MI 48009-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: 59006-68751162290573

Amount of Each Receipt this Period

91.25

PAC 3rd of 4

C. Full Name (Last, First, Middle Initial)

Joseph Eviatar

Mailing Address Chelsea Eye/Cosmetic Surgery Assoc
157 W 19th Street

City State Zip Code
New York NY 10011-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 3DY8Z4774426

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

756.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) William Fishkind		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address Fishkind and Bakewell Eye Care Cen 5599 N Oracle Road		Transaction ID: 3DYBW4434723	
City Tucson	State AZ	Amount of Each Receipt this Period 365.00	
Zip Code 85704-3821		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Martin Fishman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address Suite 3 431 Monterey Avenue		Transaction ID: 54437-70713442564011	
City Los Gatos	State CA	Amount of Each Receipt this Period 125.00	
Zip Code 95030-5319		PAC 2nd of 4	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Jerre Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 6485 Poplar Avenue		Transaction ID: 48YCBW444735	
City Memphis	State TN	Amount of Each Receipt this Period 200.00	
Zip Code 38119-4838		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address Suite 502 144 Genesee Street		Transaction ID: G5L7ZF111435
City Auburn State NY Zip Code 13021-3503	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) Robert Gold		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address Eye Physicians of Central Floor 225 W State Road 434 Suite 111		Transaction ID: 48YAST952865
City Longwood State FL Zip Code 32750-4980	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 730.00	

C. Full Name (Last, First, Middle Initial) Karl Golnik		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 4450 Willow Hills Lane		Transaction ID: 48Y6G7499835
City Cincinnati State OH Zip Code 45243-4232	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

John Douglas Goosey

Mailing Address 6545 Rutgers

City State Zip Code
Houston TX 77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: 48YCBW445362

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Erich Bryan Groos

Mailing Address Cornea Consultants of Nashville
2011 Murphy Avenue Suite 602

City State Zip Code
Nashville TN 37203-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 52252-56283205747604

Amount of Each Receipt this Period

250.00

PAC 2nd of 4

C. Full Name (Last, First, Middle Initial)

R. Lowell Hardcastle

Mailing Address Suite 5
1000 W Kingshighway

City State Zip Code
Paragould AR 72450-4141

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 5

Transaction ID: 54437-05772036314010

Amount of Each Receipt this Period

91.25

PAC 3rd OF 4

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) H. King Hartman Mailing Address 516 Pellis Road City Greensburg State PA Zip Code 15601-4506 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 Transaction ID: 48YCBW877975 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Ronald Glenn Herrington Mailing Address Suite 403 1190 N State Street City Jackson State MS Zip Code 39202-2413 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Transaction ID: 3DY716770622 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Gary Hirshfield Mailing Address Suite 102 4231 Colden Street City Flushing State NY Zip Code 11355-3977 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5 Transaction ID: 55455-07021731138229 Amount of Each Receipt this Period 125.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address 50 Staniford Street Suite 600 City Boston State MA Zip Code 02114-2517 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 1GG5L7AXVB5A02 Amount of Each Receipt this Period 1250.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) W. Jackson Iliff Mailing Address Suite 7 4 W Rolling Crossroads City Catonsville State MD Zip Code 21228-6280 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 52252-06940859556198 Amount of Each Receipt this Period 125.00 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) John Johnson Mailing Address Johnson City Eye Clinic 110 Med Tech Parkway City Johnson City State TN Zip Code 37604-4004 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5 Transaction ID: 59006-52506655454636 Amount of Each Receipt this Period 125.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Lynne Kaplinsky Mailing Address 3 Lexington Lane City Rockport State ME Zip Code 04856-4027 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 48YIHT171923 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Phillip Kelly Mailing Address PO Box 8169 City Wichita Falls State TX Zip Code 76307-8169 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 3DY8Z4327615 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Thomas Kidwell Mailing Address 10725 International Drive City Rancho Cordova State CA Zip Code 95670-7967 FEC ID number of contributing federal political committee. C Name of Employer The Permanente Medical Group Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 5 Transaction ID: 52252-40151613950729 Amount of Each Receipt this Period 91.25 PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Patrick King Mailing Address 911 W Third City State Zip Code Yankton SD 57078-3703 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 515.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 3DY8Z4148736 Amount of Each Receipt this Period 150.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Scott Kirk Mailing Address 7427 Lake Street City State Zip Code River Forest IL 60305-1817 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 Transaction ID: 55455-5138660337448 Amount of Each Receipt this Period 125.00 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) James Knupp Mailing Address Suite 2300 5220 S 6th Street Road City State Zip Code Springfield IL 62703-5735 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 48YAST212924 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

640.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Krawitz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address the Eye Center 65 Mountain Boulevard Extension		Transaction ID: 48YCBW122405
City Warren	State NJ	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Kurt Lark		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 854 Craigmont Lane		Transaction ID: G5L7ZF536200
City Concord	State NC	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

C. Full Name (Last, First, Middle Initial) Adrian Lavina		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address Suite 220 3399 Pga Boulevard		Transaction ID: 48YAOK729447
City Palm Beach Gardens	State FL	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Charles Lederer
Mailing Address 1004 Carondelet #405

City State Zip Code
Kansas City MO 64114-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: 48YCBW609118

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Andrew Lee
Mailing Address Univ Iowa-Department of Ophth
200 Hawkins Drive

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: 48YAIR054636

Amount of Each Receipt this Period

156.25

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Eligijus Lelis
Mailing Address 14488 Hawthorn Drive

City State Zip Code
Lemont IL 60439-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: 48YN4X434615

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1521.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Elise Leonard			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 5	
Mailing Address Suite 300 8890 W Oakland Park Boulevard			Transaction ID: 54437-03347414731979	
City State Zip Code Sunrise FL 33351-7235			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 2nd of 4	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 547.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
B. Full Name (Last, First, Middle Initial) Lai-Sung Leung			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5	
Mailing Address Suite 503 929 Clay Street			Transaction ID: 48YDNM882814	
City State Zip Code San Francisco CA 94108-1556			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
C. Full Name (Last, First, Middle Initial) David Lewis			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address Suite G1-3 990 S Medical Drive			Transaction ID: 3DY716388756	
City State Zip Code Brigham City UT 84302-4713			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Lindstrom		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address Suite 106 710 E 24th Street		Transaction ID: 48YAST323621
City Minneapolis	State MN	Zip Code 55404-3840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) David Loewy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 407 Avenue K Southeast		Transaction ID: 48YN4X913241
City Winter Haven	State FL	Zip Code 33880-4126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 715.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Jan Lukac		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 15 Morning Dove		Transaction ID: 48YF3E335876
City Laguna Niguel	State CA	Zip Code 92677-5307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Masud Malik		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address Suite 4 5701 Strathmoor Drive		Transaction ID: 52252-39800661802292	
City Rockford	State IL	Zip Code 61107-5182	Amount of Each Receipt this Period 91.25
FEC ID number of contributing federal political committee. C			
Name of Employer self 	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		
B. Full Name (Last, First, Middle Initial) Timothy Malone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 731-F Walker Road		Transaction ID: 3DY8Z4390185	
City Great Falls	State VA	Zip Code 22066-2834	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer self 	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		
C. Full Name (Last, First, Middle Initial) Nick Mamalis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 50 N Medical Drive		Transaction ID: 48YIHT680458	
City Salt Lake City	State UT	Zip Code 84112-1503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self 	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

PAC 4th of 4

Batch Tool - PAC

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) William Maron		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address Suite 222 21 Woodland Street		Transaction ID: 50198-84728640317917
City Hartford	State CT	Zip Code 06105-4318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

PAC 4th of 4

B. Full Name (Last, First, Middle Initial) Benjamin Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 4120 Del Prado Boulevard		Transaction ID: 48YIHT271031
City Cape Coral	State FL	Zip Code 33904-7165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Mark Mayle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 2071 Lakeside Estates		Transaction ID: 3DY7DB168692
City Morgantown	State WV	Zip Code 26508-5618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

821.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Connie McCaa		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address Unv MS Med Center/McBryde Building 2500 North State Street/3rd Floor		Transaction ID: 54437-98443239927292
City Jackson	State MS	Zip Code 39216-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

PAC 3rd of 4

B. Full Name (Last, First, Middle Initial) Allen McGaughey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address Ozark Eye Center 360 Highway 5 North		Transaction ID: 48YCBW813445
City Mountain Home	State AR	Zip Code 72653-3039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Priscilla Metcalf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address 2100 Regional Med Drive		Transaction ID: 50198-09284609556198
City Wharton	State TX	Zip Code 77488-9719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Calvin Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 19828 McCray Drive		
City	State	Zip Code
Abingdon	VA	24211-6916
FEC ID number of contributing federal political committee.		Transaction ID: 48YN4X577948
Name of Employer self		Amount of Each Receipt this Period 250.00
Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Donald Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address Dartmouth-Hitchcock Medical Center 1 Medical Center Drive		
City	State	Zip Code
Lebanon	NH	03756-1000
FEC ID number of contributing federal political committee.		Transaction ID: 3DY2HG994306
Name of Employer self		Amount of Each Receipt this Period 365.00
Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 365.00		

C. Full Name (Last, First, Middle Initial) Richard Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address PO Box 7267		
City	State	Zip Code
Rockford	IL	61126-7267
FEC ID number of contributing federal political committee.		Transaction ID: 48YAYV752383
Name of Employer self		Amount of Each Receipt this Period 91.25
Occupation Ophthalmologist		PAC 3rd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 273.75		

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 214 E Monterey Way Suite 1

City State Zip Code
 Phoenix AZ 85012-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 5 / 2 0 0 5

Transaction ID: 48YAOK147484

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

James Murphy

Mailing Address 5202 Faraon Street

City State Zip Code
 St. Joseph MO 64506-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 48YDNM246882

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Lanny Odin

Mailing Address 5109 Blackwolf Road

City State Zip Code
 Springfield IL 62711-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 3DY8Z4414156

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Jeffrey Curtis Oehler

Mailing Address 2250 North Bank Drive

City State Zip Code
 Columbus OH 43220-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 48YDNM665841

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Mark Ozog

Mailing Address Ozog Eye Care and Laser Center
 1417 9th Street South #100

City State Zip Code
 Great Falls MT 59405-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 3DY1GF237576

Amount of Each Receipt this Period

91.25

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)

James Palmer

Mailing Address Suite 700
 25 N 14th Street

City State Zip Code
 San Jose CA 95112-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 48YDNM751427

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

821.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Todd Perkins Mailing Address Suite 206 2870 University Avenue City Madison State WI Zip Code 53705-3611 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 48YAOK578433 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Peter Polack Mailing Address 1500 S Magnolia Extension Suite 106 City Ocala State FL Zip Code 34471-4463 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 52227-47575014829636 Amount of Each Receipt this Period 125.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) John Reifschneider Mailing Address Reifschneider Eye Center and Optic 1001 6th Avenue Suite 100 City Leavenworth State KS Zip Code 66048-3248 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 Transaction ID: 48YCBW141735 Amount of Each Receipt this Period 125.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Reifschneider			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address Reifschneider Eye Center and Optic 1001 6th Avenue Suite 100			Transaction ID: 48YCBW762783	
City Leavenworth State KS Zip Code 66048-3248			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC refunded 12.6.05	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 990.00		
B. Full Name (Last, First, Middle Initial) Elizabeth Rocco			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address Suite 100 400 Saybrook Road			Transaction ID: 48Y4TG562842	
City Middletown State CT Zip Code 06457-4773			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Richard Roebuck			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 213 Dayton Street			Transaction ID: 59006-16248720884323	
City Hamilton State OH Zip Code 45011-1633			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

1091.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Rothberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 3820 Tampa Road Suite 101		Transaction ID: 20N0B6ED9YD3F
City State Zip Code Palm Harbor FL 34684-3609	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Gary Rubin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 7001 W Archer Avenue		Transaction ID: G5L7ZF625211
City State Zip Code Chicago IL 60638-2201	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Ralph Sando		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 101 Laurier Place		Transaction ID: 48YN4X782447
City State Zip Code Bryn Mawr PA 19010-2247	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ralph Sando		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 5
Mailing Address Suite 100 100 Church Road		Transaction ID: 54437-63975161314011
City Ardmore	State PA	Zip Code 19003-2316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PAC 2nd of 4

B. Full Name (Last, First, Middle Initial) Delia Sang		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 73 Chatham Street		Transaction ID: 11G5L7B1XB5A02
City Brookline	State MA	Zip Code 02446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial) Robert Sax		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 2222 6th Avenue		Transaction ID: 50288-96474856138230
City Troy	State NY	Zip Code 12180-2203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

William Schlichtemeier

Mailing Address 13923 Gold Circle

City State Zip Code
 Omaha NE 68144-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 6 / 2 0 0 5

Transaction ID: 48YCBW926874

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Kevin Scott

Mailing Address Eye Plastic Assoc Pc
 3700 Joseph Siewick Drive Suite 40

City State Zip Code
 Fairfax VA 22033-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 5

Transaction ID: G5L7ZF832632

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Joseph Sidikaro

Mailing Address Suite 410
 435 N Roxbury Drive

City State Zip Code
 Beverly Hills CA 90210-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: 3DY716393228

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

David Silverstone

Mailing Address Eye Care Group
60 Temple Street Suite 1A

City State Zip Code
New Haven CT 06510-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: 48YN4X957864

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Brian Smith

Mailing Address 138 W Avon Parkway

City State Zip Code
Asheville NC 28804-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 5

Transaction ID: 50218-68819826841355

Amount of Each Receipt this Period

91.25

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)

Peter Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City State Zip Code
Clearview FL 33756-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 48YIHT353932

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gary Sole Mailing Address PO Box 430 City State Zip Code Lapeer MI 48446-0430 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 3DY8Z4496726 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Rand Spencer Mailing Address 3612 Overbrook Drive City State Zip Code Dallas TX 75205-4327 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 821.25		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 3DY11S742536 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Gerald Spindel Mailing Address Suite 101 6 Tsienneto Road City State Zip Code Derry NH 03038-1584 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 Transaction ID: 55455-63872927427292 Amount of Each Receipt this Period 91.25 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
 Mitchell Brian Stein
 Mailing Address 69 S Moger Avenue

City State Zip Code
 Mount Kisco NY 10549-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: 3DY2HG844151

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
 Paul Sternberg
 Mailing Address Vanderbilt Eye Institute
 8000 Medical Center E North Tower

City State Zip Code
 Vanderbilt Hospita TN 37232-8808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 5

Transaction ID: G5L7ZF324512

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
 Theodore Stransky
 Mailing Address Suite 250
 350 W Columbia Street

City State Zip Code
 Evansville IN 47710-1782

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: 54437-31766909360885

Amount of Each Receipt this Period

91.25

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

1091.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Stump Mailing Address 200 King Highway Suite 6 City Milford State DE Zip Code 19963-1854 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 3DY11S148524 Amount of Each Receipt this Period 400.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Jerome Swale Mailing Address 264 Fox Trail City Bourbonnais State IL Zip Code 60914-1735 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 52252-79294985532761 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Maurice Syrquin Mailing Address 3414 Oak Grove Avenue City Dallas State TX Zip Code 75204-2375 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5 Transaction ID: G5L7ZF743728 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Paul Tarantino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 1403 Madison Park Drive Suite 100		Transaction ID: 48YAOK614472
City Glen Burnie	State MD	Zip Code 21061-5613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) John Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 3519 Friendsville Road		Transaction ID: 48YAOK407258
City Wooster	State OH	Zip Code 44691-1241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Victor Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address Suite 111 225 W State Road 434		Transaction ID: 48YAST437558
City Longwood	State FL	Zip Code 32750-4980
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kevin Treacy Mailing Address 645 Ridgewood Road City State Zip Code Duluth MN 55804-1856 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5 Transaction ID: 48YN4X368863 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Peter Utrata Mailing Address Suite 320 262 Neil Avenue City State Zip Code Columbus OH 43215-7309 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 54437-09478396177291 Amount of Each Receipt this Period 91.25 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) Peter Arthur Van Houten Mailing Address East Carolina Retina Consultants 2501 A Stantonsburg Road City State Zip Code Greenville NC 27834-7213 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 5 Transaction ID: 54437-99001711606980 Amount of Each Receipt this Period 250.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

1341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Daniel Vos Mailing Address Wolfe Clinic 2020 Philadelphia Street City Ames State IA Zip Code 50010-8772 FEC ID number of contributing federal political committee. C Name of Employer Wolfe Clinic Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5 Transaction ID: 48YDYZ642124 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Michael Vrabec Mailing Address Valley Eye Associates 21 Park Place City Appleton State WI Zip Code 54914-8872 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Transaction ID: 52252-67391604185105 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) W. Lee Wan Mailing Address Suite 200 1700 N Rose Avenue City Oxnard State CA Zip Code 93030-3790 FEC ID number of contributing federal political committee. C Name of Employer Coastal Eye Specialists Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 591.25		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 5 Transaction ID: EW3DYG8WHJPX02 Amount of Each Receipt this Period 91.25 PACWEB GENERATED CONTRIBU- TION

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) W. Lee Wan Mailing Address Suite 200 1700 N Rose Avenue City Oxnard State CA Zip Code 93030-3790 FEC ID number of contributing federal political committee. C Name of Employer Coastal Eye Specialists Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 591.25		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 5 Transaction ID: 50288-83787173032761 Amount of Each Receipt this Period 125.00 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Neil Lawrence Watkins Mailing Address Suite 7 650 Grant Street City Gary State IN Zip Code 46404-1533 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5 Transaction ID: 54437-34414309263229 Amount of Each Receipt this Period 91.25 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) Bruce Weinberger Mailing Address 700 Quail Creek Drive City Amarillo State TX Zip Code 79124-1607 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 Transaction ID: 3DYAFK666093 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

516.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Weinhaus Mailing Address Eye Hlth Svcs 1900 Crown Colony City Quincy State MA Zip Code 02169-0931 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 48Y6G7967258 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Tay Weinman Mailing Address 571 W 7th Street City San Pedro State CA Zip Code 90731-3115 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5 Transaction ID: 3DY7DB103944 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Thomas Whitaker Mailing Address 900 Med Circle City Myrtle Beach State SC Zip Code 29572-4114 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5 Transaction ID: 52227-57735842466354 Amount of Each Receipt this Period 625.00 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

William Whitson

Mailing Address Suite 106

9002 N Meridian Street

City

Indianapolis

State

IN

Zip Code

46260-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: 48YAST458283

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Juliann Williams

Mailing Address 12100 Southeast Stevens Court Suit

City

Portland

State

OR

Zip Code

97266-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Permanente

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 1D3DY7343OUK02

Amount of Each Receipt this Period

365.00

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial)

Kyle Williams

Mailing Address Rochester Eye Associates

2301 Lac De Ville Boulevard

City

Rochester

State

NY

Zip Code

14618-5646

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: 48YAST313353

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Martyn Wills		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5 Transaction ID: 20O1MIHJ6Y841
Mailing Address 211 North Eddy Street		
City South Bend	State IN	Zip Code 46617-2808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 750.00	

PACWEB GENERATED CONTRIBU-
TION

B. Full Name (Last, First, Middle Initial) Richard Witlin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 3DY11S783616
Mailing Address 557 Cranbury Road Suite 6		
City East Brunswick	State NJ	Zip Code 08816-5419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5 Transaction ID: 48YN4X591110
Mailing Address 5124 Green Braes East Drive		
City Indianapolis	State IN	Zip Code 46234-2915
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

49508.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Union Bank		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 400 California Street		
City San Francisco	State CA	Zip Code 94104
FEC ID number of contributing federal political committee. C		Transaction ID: 2795830601234454796
Name of Employer		Amount of Each Receipt this Period 55.29
Occupation		MM interest 12/05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.98	

SUBTOTAL of Receipts This Page (optional)

55.29

TOTAL This Period (last page this line number only)

55.29

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 12/05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6019660601234460426

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1437.44

SUBTOTAL of Disbursements This Page (optional)

1437.44

TOTAL This Period (last page this line number only)

1437.44

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address PO Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
2006 Primary

Candidate Name
Becerra Xavier

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 0395100512074835757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Boucher for Congress Committee

Mailing Address PO Box 2000

City
Abingdon

State
VA

Zip Code
24212

Purpose of Disbursement
2006 Primary

Candidate Name
Boucher Rick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 0643160512145543130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress Street
PO Box 549

City
Napoleonville

State
LA

Zip Code
70390

Purpose of Disbursement
2006 Primary

Candidate Name
Melancon Charlie

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 9190570512145524328

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christopher Shays for Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
2006 Primary

Candidate Name
Shays Christopher

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 9463410512074841793

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cummings for Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
2006 Primary

Candidate Name
Cummings Elijah

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 4987950512074856024

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Ginny Brown-Waite

Mailing Address 704 Ponce De Leon Boulevard

City Brooksville State FL Zip Code 34601

Purpose of Disbursement
2006 Primary

Candidate Name
Brown-Waite Virginia

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 3552620601034912382

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

-2000.00

Uncashed Contribution

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeb Bradley for Congress

Mailing Address 645 South Main Street

City State Zip Code
Wolfeboro NH 03894

Purpose of Disbursement
2006 Primary

Candidate Name
Bradley Joseph

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: 2945160512145535462

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City State Zip Code
Lubbock TX 79453

Purpose of Disbursement
2006 Primary

Candidate Name
Neugebauer Randy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 4068760512074872660

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
2006 Primary

Candidate Name
Stark Pete

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 8328290512074829289

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ron Lewis for Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
2006 Primary

Candidate Name
Lewis Ron

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 5312850512015672196

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2006 Primary

Candidate Name
Roskam Peter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 9130270512145603948

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stupak for Congress

Mailing Address 817 Ninth Avenue PO Box 156
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
2006 Primary

Candidate Name
Stupak Bart

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 3674060512015678912

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Talent for Senate Committee

Mailing Address 147 N Meramec Suite 100

City
St. Louis

State
MO

Zip Code
63105

Purpose of Disbursement
2006 Primary

Candidate Name
Talent James

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: 4865160601034862970

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Uncashed Contribution

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Bernstein

Mailing Address Suite 204
451 Ruin Creek Road

City Henderson State NC Zip Code 27536-2878

Purpose of Disbursement
refunded dup contribution per Dr request

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 53270-35436648130417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

B. John Reifschneider

Mailing Address Reifschneider Eye Center and Optic
1001 6th Avenue Suite 100

City Leavenworth State KS Zip Code 66048-3248

Purpose of Disbursement
processed as 1pmt s/b 4 pmts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 50610-86291140317917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Tax

Mailing Address Tricounty Eye Physicians Surgeons
319 2nd Street Pike

City Southampton State PA Zip Code 18966-3812

Purpose of Disbursement
Partial PAC Refund per Dr.'s request

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 51559-81817263364792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

265.00

SUBTOTAL of Disbursements This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

1130.00

Image# 26970118421

Form/Schedule: **F3XA**

Transaction ID:

This amended report includes previously missing Employer and Occupation information required for Itemized Receipts.
